

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **20326**  
Registrar's No. **5138**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **ST LOUIS**  
(b) City or town **ST LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**MO BAPTIST**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **9.5 hrs**  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME **BABY WEST**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, ~~widowed~~, married, **divorced**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **JUNE 14 1941**  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day **14** hr. \_\_\_\_\_ min.

9. Birthplace **ST LOUIS COUNTY**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **VIRGIL WEST**  
13. Birthplace **OWENSVILLE OMO**  
(City, town, or county) (State or foreign country)  
14. Maiden name **ESTHER LUBRING**  
15. Birthplace **GERALD OMO**  
(City, town, or county) (State or foreign country)

16. (a) Informant **VIRGIL WEST**  
(b) Address **GLENCOE MO ROUTE 1**

17. (a) **BURIAL** (b) Date, thereof **JUNE 16 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **GLENCOE MO**

18. (a) Signature of funeral director **Shradors Funeral**  
(b) Address **Baldwin Mo**

19. (a) **JUN 23 1941** (b) **J. B. Breckmidge**  
(To read full local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **St Louis**  
(c) City or town **GLENCOE**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **ROCKLAND Rd.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **14** th day **June**  
year **1941** hour **10:30** PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **June 14**  
\_\_\_\_\_, 19**41** to **June 14, 1941**, 19\_\_\_\_;  
that I last saw **her** alive on **June 14, 1941**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Prematurity** Duration **11 hours**

Due to **premature birth.**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **E. O. Breckmidge** (M. D. or other) **6/15/41**  
Address **Maplewood Mo** Date signed

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*John R. Letter*  
.....

Licensed Embalmer No. 3880

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**